



Nursing Care Quality Assurance Commission

Director of Nursing Program [WAC 246-840-555(6)]

Director's Name _____ Date Appointed _____

RN License No. _____

School Name: _____ City: _____

Type of Nursing Program(s): ☐ LPN ☐ LPN to ADN ☐ LPN to BSN
☐ ADN ☐ RN to BSN ☐ BSN ☐ Master's Entry

Director's Educational Background:

College or University	Major	Degree	Year(s)

Educational Preparation in Teaching Nursing:

College or University	Course Title/Focus	Year(s)

Curriculum Development and Administrative Experience:

Institution/Organization	Position Title/Role	Year(s)

Nursing Education Experience:

Institution/Organization	Position Title/Role	Year(s)

Experience as a Registered Nurse:

Institution/Organization	Position Title/Role	Year(s)

Director's Signature: _____ Date: _____

Return completed form to:

Department of Health
Nursing Care Quality Assurance Commission
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Nursing Education Manager
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Olympia, Washington 98504-7864